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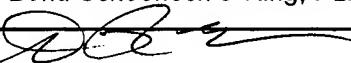
Application Number	10/828,968
Filing Date	04/21/2004
First Named Inventor	Paul Chudoba
Art Unit	2874
Examiner Name	Rhonda Peace
Attorney Docket Number	157P029

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): postcard
<input type="checkbox"/> Remarks		

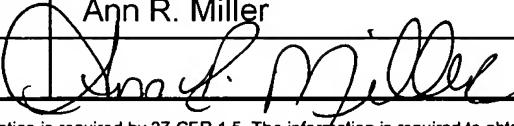
The Commissioner is hereby authorized to charge the Deposit Account for the three month extension of time fee and any fee associated with this amendment to Deposit Account 50-1546.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	George R. McGuire Bond Schoeneck & King, PLLC
Signature	
Date	12/12/2005

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Ann R. Miller
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Date	12/12/2005

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